



3/24/05

8FW 3617/\$

AMENDMENT TRANSMITTAL LETTER

Docket No.
04600/000M941-US0Application No.
09/914,215Filing Date
February 25, 2000Examiner
Sherman D. BasingerArt Unit
3617

Applicant(s): Robert R. Lorier


Invention: TOWABLE NAUTICAL DEVICE FOR LEISURE SPORT

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	22	- 20 =	2	x 25.00	50.00
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within first month					60.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					110.00

☐ Large Entity☒ Small Entity☐ No additional fee is required for this amendment.☐ Please charge Deposit Account No. _____ in the amount of \$ _____☒ A check in the amount of \$ 110.00 to cover the filing fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized to charge and credit Deposit Account No. 04-0100 as described below.☒ Credit any overpayment.☒ Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.
Denise L. Poy
Attorney Reg. No.: 53,480

Dated: March 23, 2005

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7700

Express Mail Label No.

Dated: _____



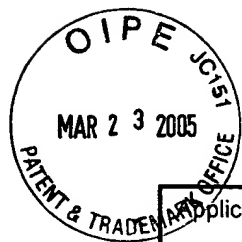
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known	
		Application Number	09/914,215
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	February 25, 2000
TOTAL AMOUNT OF PAYMENT (\$)		First Named Inventor	Robert R. Lorier
		Examiner Name	Sherman D. Basinger
		Art Unit	3617
		Attorney Docket No.	04600/000M941-US0

METHOD OF PAYMENT (check all that apply)	
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____
<input type="checkbox"/> Deposit Account	Deposit Account Number: <u>04-0100</u> Deposit Account Name: <u>Darby & Darby P.C.</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
		Small Entity		Small Entity		Small Entity	
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
2. EXCESS CLAIM FEES							
						Fee (\$)	Small Entity Fee (\$)
Fee Description							
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
<u>22</u> - 20 = <u>2</u>		x	_____	=	Fee (\$)	Fee Paid (\$)	
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
<u>3</u> - 3 = _____		x	_____	=			
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
_____ - 100 = _____	/50	(round up to a whole number) x _____		=			
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1251 Extension for response within first month						60.00	
1615 National Stage claims - extra total (over twenty)						50.00	

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	53,480
Name (Print/Type)	Denise L. Poy	Telephone	(212) 527-7700
		Date	March 23, 2005

Express Mail Label No.	Dated: _____
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Application No. (if known): 09/914,215

Attorney Docket No.: 04600/000M941-US0

Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 330172546 US** in an envelope addressed to:

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 23, 2005
Date

Signature

Judy Yeddo

Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Amendment re Non Final Office Action (17 pages);
One Month Request for Extension of Time Under
37 CFR 1.136(a) (1 page);
Amendment Transmittal Letter (1 page);
Fee Transmittal Sheet (1 page);
Marked-up specification (11 pages);
2 sheets of Drawings (Figs. 1-3)
Clean specification (7 pages); and
Check No. **8048** for \$110.00
Return Receipt Postcard